

HAND DELIVERED

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LEGISLATIVE RESOURCE CENTER

2019 MAY 15 PM 4:38

OF THE U.S. HOUSE OF REPRESENTATIVES

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

**UNITED STATES HOUSE OF REPRESENTATIVES
2018 FINANCIAL DISCLOSURE STATEMENT**

Form A
For Use by Members, Officers, and Employees

Name: Steven Brett Guthrie Daytime Telephone: 202-225-3501

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>KY</u> District: <u>2</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____	Staff Filer Type: (If Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
REPORT TYPE	<input type="checkbox"/> 2018 Annual (Due: May 15, 2019)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____	

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Steven Brett Genthric

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction		
SP, DC, JT	ASSET NAME	EIF	A None	B \$1-\$1,000	C \$1,001-\$15,000	D \$15,001-\$50,000	E \$50,001-\$100,000	F \$100,001-\$250,000	G \$250,001-\$500,000	H \$500,001-\$1,000,000	I \$1,000,001-\$5,000,000	J \$5,000,001-\$25,000,000	K \$25,000,001-\$50,000,000	L Over \$50,000,000	M Spouse/DC Asset over \$1,000,000*	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I None	II \$1-\$200	III \$201-\$1,000	IV \$1,001-\$2,500	V \$2,501-\$5,000	VI \$5,001-\$15,000	VII \$15,001-\$50,000	VIII \$50,001-\$100,000	IX \$100,001-\$1,000,000	X \$1,000,001-\$5,000,000	XI Over \$5,000,000	XII Spouse/DC Asset with Income over \$1,000,000*	P, S, S(part), or E
	401K Retirement							X								X																				
	Olga Hartford																																			
	Life Simsbury																																			
	CT, Franklin																																			
	Growth Fund A																																			
JT	US Bank Account				X													X																		
	500 State Street																																			
	B-C-KY 44101																																			
	Checking, Savings																																			
	Deferred Comp- ensation, TIAA							X																												
	DIC Cost																																			
	Met Life, Lexington																																			
	KY																																			

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Steven Bolt Guthrie

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction				
SP, DC, JT	ASSET NAME	EIF	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E		
			None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*									None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	Spouse/DC Asset with Income over \$1,000,000*			
ST	Mutual Fund Wells Fargo R6 KY				X												X										X											P
ST	Mutual Fund Wells Fargo				X												X										X											P
ST	Mutual Fund First Eagle				X												X										X											P
ST	Mutual Fund Sagem Global Income A				X												X										X											P
SP	Whole Life INS				X												X										X											
	New England Financial				X												X										X											
	Geo Water Ln																																					
	Wardick, R I																																					

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Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Steven Ruth Landwehr

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction			
SP, DC, JT	ASSET NAME	EIF	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E	
	DC Northern Small	X																																			S
	2 C&D Index																																				S
	2 Northern Funds	X																																			S
	2 International																																				S
	2 Newberger Berman	X																																			S
	2 International																																				S
	Large Cap																																				S
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	Large Cap																																				S
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Steven Brett Landwehr

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction				
SP, DC, JT	ASSET NAME	EIF	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E	
	None																																				
	\$1-\$1,000																																				
	\$1,001-\$15,000																																				
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	\$25,000,001-\$50,000,000																																				
	Over \$50,000,000																																				
	Spouse/DC Asset over \$1,000,000*																																				
DC	Northern Small Cap Index	X														X								X													P
3	Northern Funds International															X								X													P
3	Northern Funds International															X								X													P
3	Northern Funds International															X								X													P
3	Northern Funds International															X								X													P
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Steven BWH Guthrie

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income								BLOCK D Amount of Income												BLOCK E Transaction	
SP, DC, JT	ASSET NAME	EIF	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E
	None																																			
	\$1-\$1,000																																			
	\$1,001-\$15,000																																			
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	\$25,000,001-\$50,000,000																																			
	Over \$50,000,000																																			
	Spouse/DC Asset over \$1,000,000*																																			
	None																																			
	DIVIDENDS																																			
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	INTEREST																																			
	CAPITAL GAINS																																			
	EXCEPTED/BLIND TRUST																																			
	TAX-DEFERRED																																			
	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)																																			
	None																																			
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	\$201-\$1,000																																			
	\$1,001-\$2,500																																			
	\$2,501-\$5,000																																			
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	Over \$5,000,000																																			
	Spouse/DC Asset with income over \$1,000,000*																																			
	P, S, S(part), or E																																			
	None																																			
	\$1-\$1,000																																			
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	\$25,000,001-\$50,000,000																																			
	Over \$50,000,000																																			
	Spouse/DC Asset over \$1,000,000*																																			
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	EXCEPTED/BLIND TRUST																																			
	TAX-DEFERRED																																			
	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)																																			
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	Over \$5,000,000																																			
	Spouse/DC Asset with income over \$1,000,000*																																			
	P, S, S(part), or E																																			

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Steven Brett Smith

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction				
SP, DC, JT	ASSET NAME	EIF	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, Sparty, or E		
	Brett Guthrie																																					
	Gift Trust																																					
	100% Invested																																					
	in Trust Die																																					
	Cost B/G, KY																																					
	Equity in Trace																																					
	Die Cast, Inc																																					
	140 N Graham																																					
	Ave B/G KY																																					
	KY Employment																																					
	Retirement																																					
	System																																					
	Undetermined																																					

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Steven Brett Cuthrie

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income													BLOCK E Transaction			
SP, DC, JT	ASSET NAME	EIF	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E		
	ST Carolyn Cuthrie Irrevocable Trust	1														X																						
	Share w/ siblings (1 of 4)																																					
	ST 2015 Cuthrie Family Irrevocable Trust	2														X																						
	Long Cuthrie Trust																																					
	Share w/ siblings (1 of 4)																																					

SCHEDULE B - TRANSACTIONS

Name: Stacy Ruth Cantelmo

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SP, DC, JT		Asset	Type of Transaction				Check Box if Capital Gain Exceeded \$200	Date (MM/DD/YYYY) or Quarterly, Monthly, or Bi- weekly, if applicable	Amount of Transaction										
			Purchase	Sale	Partial Sale	Exchange			A \$1,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Asset)
SP	Example	Mega Corp. Stock			X		X	3/9/18		X									
ST		ST Mutual Fund Sagen	X					monthly	X										
		First Eagle Group A																	
ST		ST Mutual Funds	X					monthly	X										
		American Value																	
		Amcap A																	

SCHEDULE B - TRANSACTIONS

Name: Steven Ruth Anthony

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent child, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.

Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.

* Column K is for assets solely held by your spouse or dependent child.

SP, DC, JT	Asset	Type of Transaction				Check Box if Capital Gain Exceeded \$200	Date (MM/DD/YY) or Quarterly, Monthly, or Bi- weekly, if applicable	Amount of Transaction										
		Purchase	Sale	Partial Sale	Exchange			A \$1,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Asset)
SP	Example Mega Corp. Stock			X		X	3/1/18		X									
DC	529 Portfolio																	
3	T Rowe Price Balanced	X					2/16/18	X										
3	RP Div																	
3	Northern Funds No Six	X					2/16/18	X										
3	Northern Mid Cap Nomix	X					2/16/18	X										
3	Northern Cap Index	X					2/16/18	X										
3	NSIOX																	
3	Northern Funds International	X					2/16/18	X										
3	No Inx																	
3	Newberger German	X					2/16/18	X										
3	International Large Cap																	
3	NS NCR																	
3	Cohen Steers Dividend	X					2/16/18	X										
3	Value Div Fx		X				6/1/18	X										
3	OFA US Large Cap	X					6/1/18	X										
	DVEIX																	

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EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

[illegible]

SCHEDULE D - LIABILITIES

Name: Steven Brett Guthrie Page 17 of 21

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/16	Mortgage on Rental Property, Dover, DE				X							
ST	JP Morgan Chase of Columbus	11/11	Mortgage on Primary Residence		X									
ST	US Bank 4810 Daugherty Freesia St, Dubuque, KY	6/11	Co-Signed for daughter's Primary residence				X							

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
Advisory Board Member	Center for Gifted Studies at Western KY Univ. (uncompensated)
Advisory Board Member	Western KY Univ. (uncompensated)
Board Member	Trace Die Cast, Inc (uncompensated)

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Date	Parties to Agreement	Terms of Agreement
1/31/9	Bentlund & Tance, Inc last	leave of Absence for Government Service
1/31/9	Bentlund & Tance, Inc last	Reported 401k, noncontributing by myself for 1 year
1/31/9	Bentlund & Tance, Inc last	Reported Deferred comp, noncontributing by
		more while on leave
1/9	Ky Employee Retirement System (KERS)	Agreement between self & KERS - Defined Benefit No cash value or assets owned or

Controlled by me.

[illegible]

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$300 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

[illegible]

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List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC	Speech	Feb. 2, 2018	\$2,000
	XYZ Magazine	Article	Aug. 13, 2018	\$500

FILER NOTES
(Optional)

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NOTE NUMBER	NOTES
1	Personal Property of my late mother. My father has 100% control
2	Surrender Value of 2 Universal Life Policies from Principal Life Insurance Des Moines, Ia The trust owns the policies
3	Total Assets held in 2018 in S29c funds are reported under Dependent Child 3 totals in Schedule "A". Dependent child 2 was zero'd out and transferred to the same funds in the name of Dependent Child 3.